

Employee Name _____

PERFORMANCE PLANNING AND REVIEW (PPR)
MID-YEAR PERFORMANCE REVIEW FORM (Skilled Craft/Maintenance)

Employee Name: _____ Employee ID # _____

Job Title: _____ Section / Gang: _____

PERFORMANCE FACTORS / DISCUSSIONS

Performance Factors Discussed (check all factors discussed; include comments on any specific areas that are noteworthy, need improvement)

Comments

- | | | |
|-------------------------------------------|--------------------------|--|
| 1. <u>Work Product</u> _____ | <input type="checkbox"/> | |
| 2. <u>Dependability</u> _____ | <input type="checkbox"/> | |
| 3. <u>Cooperativeness</u> _____ | <input type="checkbox"/> | |
| 4. <u>Adaptability</u> _____ | <input type="checkbox"/> | |
| 5. <u>Communication</u> _____ | <input type="checkbox"/> | |
| 6. <u>Daily Decision Making</u> _____ | <input type="checkbox"/> | |
| 7. <u>Uses Equipment Properly</u> _____ | <input type="checkbox"/> | |
| 8. <u>Follows Safety Procedures</u> _____ | <input type="checkbox"/> | |
| 9. <u>Attains Required Training</u> _____ | <input type="checkbox"/> | |
| 10. _____ | <input type="checkbox"/> | |
| 11. _____ | <input type="checkbox"/> | |
| 12. _____ | <input type="checkbox"/> | |
| 13. _____ | <input type="checkbox"/> | |

RATING SUPERVISOR'S STATEMENT: I have personally discussed the information shown above with this employee during the Mid-Year Performance Review Session.

Signature: _____ Date: _____

Print Name: _____

Rating Supervisor Job Title: _____ Rating Supervisor ISIS ID #: _____